

CONSER

FAST TRACK CONSER REPRESENTATIVE MEMBERSHIP FORM

NAME AND ADDRESS OF NEW INSTITUTION				
Name _____			Date _____	
City _____			State _____ ZIP _____	
OCLC Symbol _____		MARC21 Code _____		
SUPERVISOR				
Name _____		Title _____		
Phone _____		E-mail Address _____		Fax _____
NAME OF PREVIOUS CONSER INSTITUTION:				
Name _____				
CONTACT INFORMATION FOR SUPERVISOR FROM PREVIOUS CONSER EMPLOYER				
Name _____		Title _____		
Phone _____		E-mail Address _____		Fax _____
<p>Purpose: This form is intended to gather information from an individual CONSER cataloger that has moved from a CONSER institution to a non-CONSER institution and wishes with the agreement of the new employer to continue contributing CONSER records.</p> <p>Contact information of the supervisor from the previous CONSER institution is required. The supervisor may be contacted as part of the application evaluation.</p>				
<p>Please respond to the following questions as accurately as possible, using additional space as needed. We recognize that not all of the information requested may be readily available and that estimates may be all that can be provided.</p>				
COOPERATIVE CATALOGING				
<p>CONSER work will occasionally involve NACO authority work and NACO membership is required for approval of fast track membership. If the new institution is not currently a NACO member arrangements will need to be made to apply for membership. Is your new institution a participant of:</p>				
	NACO	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	SACO	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	BIBCO	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	OCLC Enhance	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
QUANTITY OF RECORDS				
Rough estimate of the number of maintenance transactions to be contributed annually (including maintenance transactions and first time authentication of existing non-CONSER records)				

QUALITY OF RECORDS		
Submit printouts of 5 current bibliographic records you have cataloged or modified, accompanied by surrogates.		
<p>These records must reflect the kind of editing that would be performed on cataloging records contributed to OCLC by other institutions. The printout should be annotated so that the "before" and "after" data are clearly distinguished. To the extent possible, the institutes are asked to supply among the 5 records, records illustrating these conditions:</p>		
<input type="checkbox"/> Original cataloged continuing resource records <input type="checkbox"/> Modification of a continuing resource record to reflect a title change <input type="checkbox"/> Modification of a continuing resource record to reflect changes that do not require a new record		
PERSONNEL		
Describe your institution's serial cataloging operation, including number of full/part time original and copy catalogers, technicians, and other support personnel, years of experience, and types of CONSER-related activities each will perform.		
Job title	FTE	YRS
		Activities
CONSER DOCUMENTATION		
Does your institution have a copy of the:		
<i>CONSER Cataloging Manual?</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<i>CONSER Editing Guide?</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
LETTER OF SUPPORT		
<p>Please include with the completed form a letter of support from the new employer that specifies institutional approval of the employee contributing records to CONSER using the employer's OCLC authorization, contribution for any necessary name authority records. Mail form and letter to: CONSER Coordinator, Serial Record Division, Library of Congress, 101 Independence Ave., S.E., Washington DC 20540</p>		
Signature of individual completing this form:		Date